

Cover page	
Meeting	Trust Board
Paper Title	Complaints and PALS Quarterly Report – Q4
Date of meeting	30 th May 2019
Date paper was written	29/04/2019
Responsible Director	Julia Clarke, Director of Corporate Governance
Author	Julia Palmer, Head of PALS & Complaints
Executive Summary	
<p>This report sets out details of the complaints and PALS activity during Quarter Four, 2018/19, as well as details of the Bereavement Services, Freedom of Information and Letters of Thanks.</p> <p>The numbers and subjects of complaints remain similar to previous quarter, with an increase in PALS contacts, particularly in relation to appointments. The improvements in completion of action plans and complaints responses being sent out with agreed timescales are being maintained, as are the improvements in the timely completion of medical certificates of cause of death.</p>	
Previously considered by	Quality & Safety Committee

The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
Link to Board Assurance	<input type="checkbox"/> OUR PEOPLE Creating a great place to work
	RR 1186 If we do not develop real engagement with our community we will fail to

Framework risk(s)	support an improvement in health outcomes and deliver our service vision
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Equality Impact Assessment	<ul style="list-style-type: none"><input checked="" type="radio"/> Stage 1 only (no negative impact identified)<input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"><input checked="" type="radio"/> This document is for full publication<input type="radio"/> This document includes FOIA exempt information<input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	N/A

Main Paper

Situation

Complaints and PALS Contacts continue to be managed in line with Trust policy, with reviews held at a variety of levels, including the weekly rapid review meetings, care group board meetings and specialty governance meetings. 167 complaints and 465 PALS contacts were received during quarter four, with the main subjects and locations remaining similar to previous quarters.

Data on protected characteristics is now being captured where available.

There are ongoing improvements to the processes for issuing bereaved families with the Medical Certificate of Cause of Death, and work is ongoing in introducing the new Medical Examiner role and associated processes with the system being rolled out at RSH during Quarter One of 2019/20, following the appointment of 8 Medical Examiners.

Background

A full breakdown of complaints and PALS contacts is included in the report below.

There have been increases noted in complaints relating to Ward 27, AMU at RSH, and within Paediatrics and Gynaecology. These have been highlighted within the relevant care groups and will continue to be monitored for any trends.

There have been slight decreases noted in complaints relating to staff attitude and appointments.

PALS contacts relating to appointments have increased significantly from previous quarter, and it is encouraging to see the service being promoted and used to support patients and their families.

Work continues to ensure that learning and actions to implement learning are considered for all complaints, with 89% of complaints closed in Q4 having evidence that this was considered. Training has been given in investigating complaints to a number of sisters in both EDs and on wards, with further sessions planned, to help improve the quality of investigations and learning. 70% of complainants responding to the complaints survey felt that the Trust had used their complaint to learn, which is a significant increase on previous quarters.

Assessment

Where increases are noted in particular areas, or in relation to specific individuals, this is highlighted with the relevant managers and support given to identify reasons for increases and what can be done to address this. As outlined above and in the main report, there have been some increases noted in quarter four, which are being addressed. There have been no significant areas of concern identified in quarter four, but there are a number of areas that continued to be monitored.

Learning from complaints and PALS continues to be reviewed and shared across the Trust.

Recommendation

The Board is asked to note the report, and the ongoing work in using feedback from patients to improve services.

COMPLAINTS & PALS REPORT JANUARY TO MARCH 2019

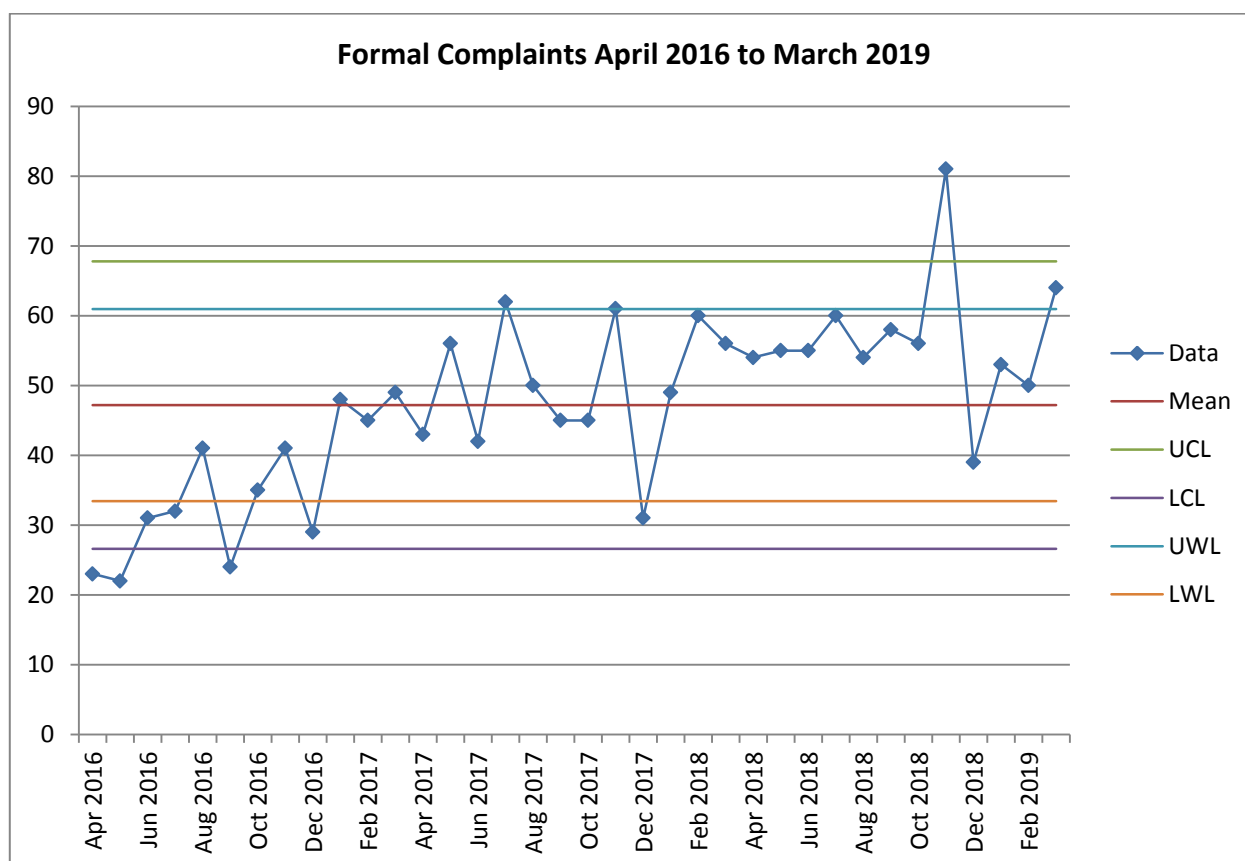
1. Introduction

The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during quarter four (January to March 2019). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts. The paper also includes an update on Freedom of Information (FOI) requests.

2. Formal complaints received

In quarter four the Trust received a total of 167 formal complaints which equates to less than one in every 1000 patients complaining (0.68 complaints per 1000 patient; this is similar to previous quarters).

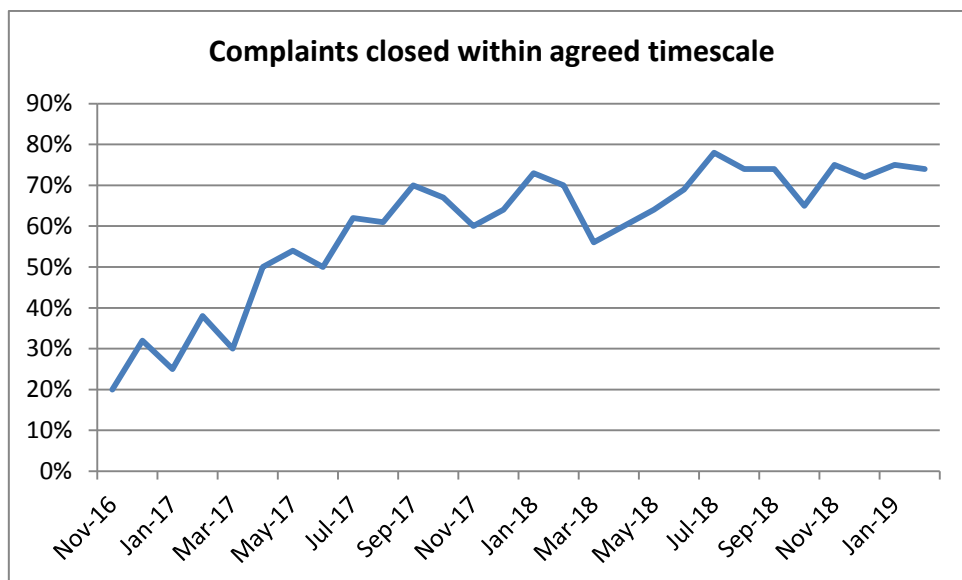
The graph below shows the number of formal complaints received by month from April 2016 to date. The breach of the UCL in November 2018 is thought to be as a result of negative publicity during a two week period, when the Trust was placed into special measures.



3. Performance

The Trust is required to acknowledge all responses within three working days. The Trust achieved 100% compliance with this requirement during quarter four, with 83% receiving an acknowledgement within two working days. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales and provide a personal contact moving forward.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required, with most timescales ranging from 30 working days up to 60 working days. At the time of this report, 75% of complaints in quarter four have been closed within the timescales agreed initially. Where the Trust is unable to respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays. All overdue complaints are closely monitored to ensure that delays are kept to a minimum and senior management within the care group are advised of the complaints where responses are overdue on a monthly basis. The graph below shows responses rates since November 2016:



Of those complaints that were not responded to within timescale during quarter four, all delays were due to staff within Care Groups not responding to the Complaints Team in time; this was due to a variety of reasons, including key staff being off sick and difficulties obtaining notes to be able to respond. Work is ongoing with the Care Groups to improve responses rates, as part of the CQC improvement work.

Of the 169 complaints closed during quarter four, 18% (31) were not upheld, 51% (86) were partly upheld and 31% (52) were fully upheld. A complaint is deemed to be partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.

Complainants are advised to contact the Trust again if they are unhappy with the response to their complaint; the complaint will be reopened and a further investigation carried out. Eleven complaints were reopened in quarter four, relating to complaints initially received in April, August, October, November and December 2018 and January 2019. Of these eleven, it was acknowledged that the initial responses to two of these had not been sufficient to address the complaint. The number of complaints that are re-opened as a result of an inadequate initial response from the Trust remains very low.

4. Formal complaints by specialty

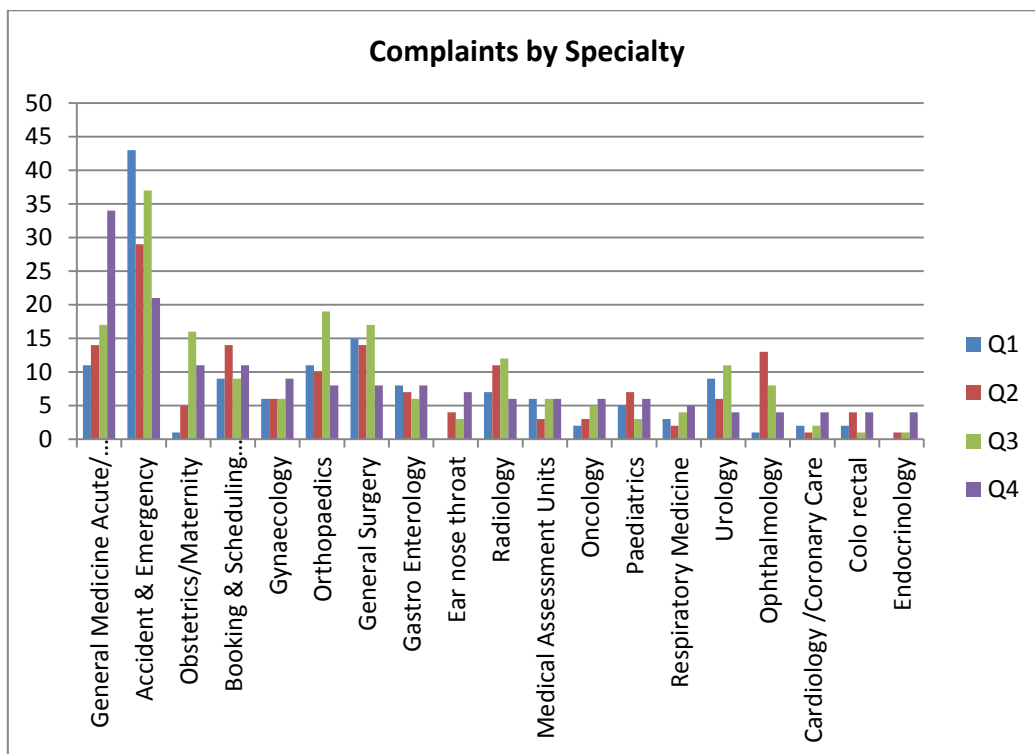
The top specialties receiving complaints during the quarter were:

Specialty	Q1	% against activity	Q2	% against activity	Q3	% against activity	Q4	% against activity
General Medicine Acute/ unspecified	11	0.17%	14	0.21%	17	0.24%	21	0.32%
Accident & Emergency	43	0.13%	29	0.08%	37	0.11%	21	0.06%
Maternity	1	0.01%	5	0.02%	16	0.09%	11	0.11%
Booking & Scheduling OPD/IP	9	N/A	14	N/A	9	N/A	11	N/A

Gynaecology	6	0.09%	6	0.09%	6	0.09%	10	0.12%
Gastro Enterology	8	0.1%	7	0.09%	6	0.07%	8	0.1%
Respiratory	3	0.07%	2	0.04%	4	0.09%	8	0.18%
Orthopaedics	11	0.08%	10	0.07%	19	0.15%	8	0.06%
General Surgery	15	0.72%	14	0.61%	17	0.77%	8	0.42%
Ear, Nose & Throat			4	0.03%	3	0.05%	7	0.11%
Paediatrics	5	0.13%	7	0.2%	3	0.07%	6	0.14%
Radiology	7	0.01%	11	0.01%	12	0.01%	6	0.001%
Urology	9	0.14%	6	0.1%	11	0.15%	4	0.06%
Ophthalmology	1	0.01%	13	0.11%	8	0.06%	4	0.03%

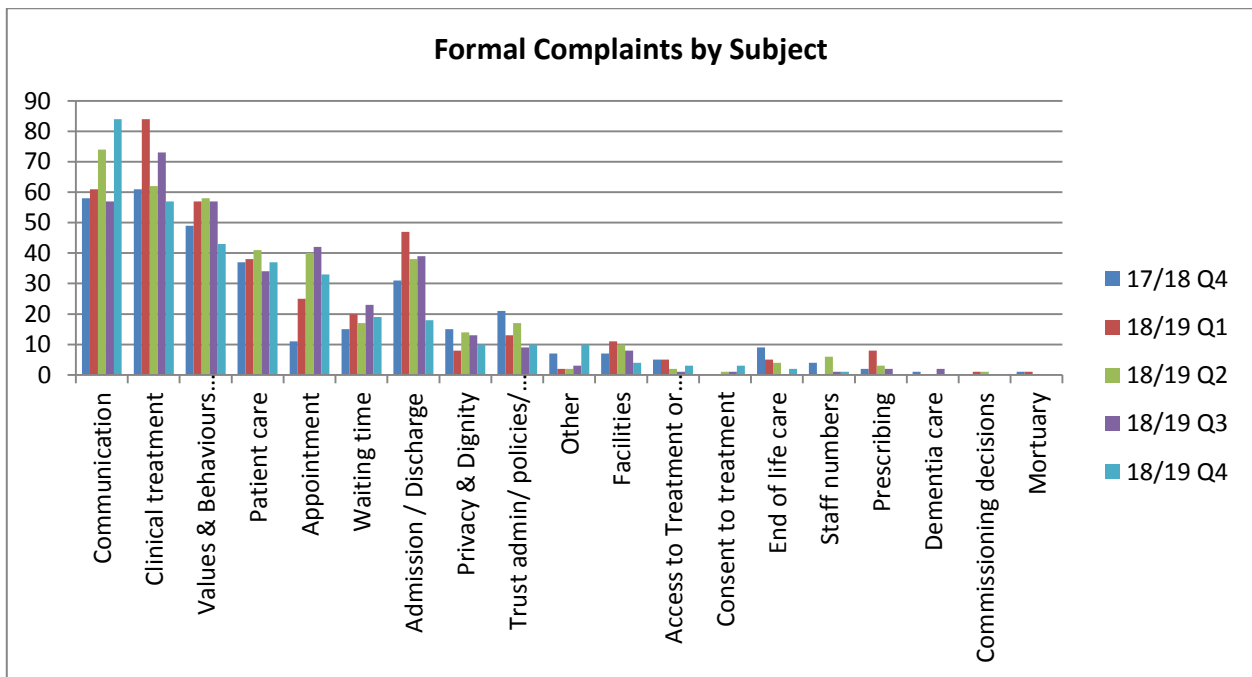
There has been a slight increase in complaints relating to Paediatrics and Gynaecology; this is being reviewed and monitored the Care Group.

The graph below shows the overall trend of the specialties that received complaints during quarter four:



5. Key themes

Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that involve the multidisciplinary team or events over an extended period of time. Each issue identified in the complaint is recorded which means that the total number of issues will exceed the number of formal complaints received. The graph below shows the number of issues raised by subject in quarter four.

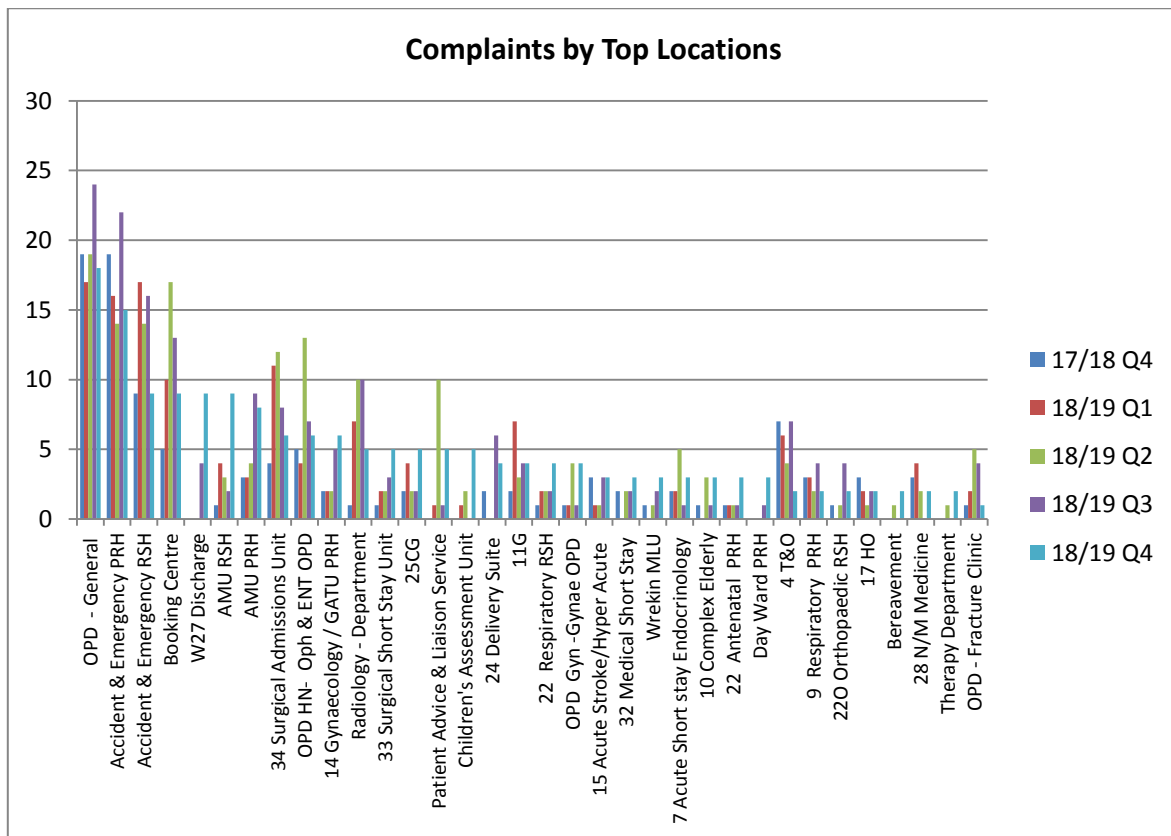


The main themes remain the same, with slight decreases in complaints relating to staff attitude and appointments.

6. Formal complaints by location

Due to the high volume of patients seen and the nature of the specialty, some areas consistently receive a higher volume of complaints than others. In the same way that each issue is recorded in a complaint, all locations are also recorded so the number of locations may total more than the number of complaints received. Matrons and Heads of Nursing are kept informed of this information and where trends are emerging, the Matron works alongside the Ward Managers to address this. Cases which involve medical staff are copied to the Care Group Medical Director and Clinical Director for action.

The main locations remain similar to previous quarters. There have been increases in complaints about Ward 27SD and the Acute Medical Unit at RSH, which has been raised with the management teams for these areas.



7. Actions and learning from complaints

The Trust recognises the importance of learning from complaints and using the valuable feedback obtained to reflect on the care we provide and take steps to improve services for future patients. When service improvements are identified following investigation of a complaint, staff develop action plans that are monitored until complete. Some of the significant changes made as a result of complaints received are as follows:

New / Changes in processes

- Concerns re consent
 - Change to the way consent is taken
- Management of patient having panic attack in MRI scanner
 - Staff to ensure future incidents reported on Datix
- Failure to communication results as agreed
 - Ensure responsibilities for communicating agreed in MDT
- Patient kept as NBM on three occasions then told procedure would not go ahead
 - NBM status to be included as part of post ward round de-brief to ensure decisions made and acted upon promptly
- Concerns re therapy input
 - Ensure that physiotherapy intervention is clear to patients and relatives.
- Patient's mastectomy prosthesis was lost
 - Add disclaimer to care bundles
 - Regular audits on completion of documentation
- Patient removed from waiting list in error
 - Booking teams reminded to check the correct reason for any cancellations is used.
- Multiple problems with appointments
 - Introduction of one stop clinic and regular meetings to discuss any issues and acting on clinical feedback.

- Parking charges
 - Ensure all info on website and signage on site is clear about payment covering both sites
- Delay in going to theatres
 - Changes to oncall job plans
- Concerns re Parkinson's service and lack of response to requests for info
 - Staff to use out of office facility to indicate when emails will not be picked up
- Concerns re EPAS
 - Communication diary introduced
 - Review of guidelines re referral of patients with pain/bleeding in early pregnancy
 - Medway update disseminated to staff
- Appointment letters not received
 - New auditable system being introduced to help identify problems
- Concerns re care, confidentiality, communication, lack of support
 - Replacement lockers purchased
 - Discussion with staff about prompt application of wristband
 - Ensure clear explanation of reason for transfer is given and allow patient / family opportunity to ask questions
 - Ensure clear local induction for new staff
- Difficulties in getting updates from ward
 - Additional ward clerk appointed
- Notes not available so surgery cancelled
 - Admissions staff to ensure notes are booked in in a timely fashion
- Patient not informed of cancellations
 - SOP to be introduced to ensure letter of cancellation is sent as well as letter with new date

Training

- Concerns re dementia care
 - Information for carers reviewed
 - Training reviewed
- Problems with catheter
 - Bladder training and pain management study day to be held
- Attitude of doctor and problems with care
 - Ensure all paperwork is completed and entries signed and dated
- Poor care in relation to diabetes
 - Further teaching on management of diabetes to be arranged
 - Discussion at ward meeting and put in newsletter
 - Clinical lead to clarify responsibilities for on call juniors
- Patient sent home with another patient's DNAR form
 - To continue to ensure staff attending the mandatory IG refresher training are alerted of the importance of protecting patient identifiable information and for keeping appropriate record keeping standards e.g. filing of documentation and the potential impact on patients clinical care of poor record keeping
 - Establish substantive team of staff with standardised processes
- Missed fracture, lack of care
 - Improved communication regarding decisions made
 - Cover assessment of back injury as part of medical induction
- Poor communication and confusion over appointments, with multiple cancellations
 - Drop in sessions have been arranged for training with NHS digital

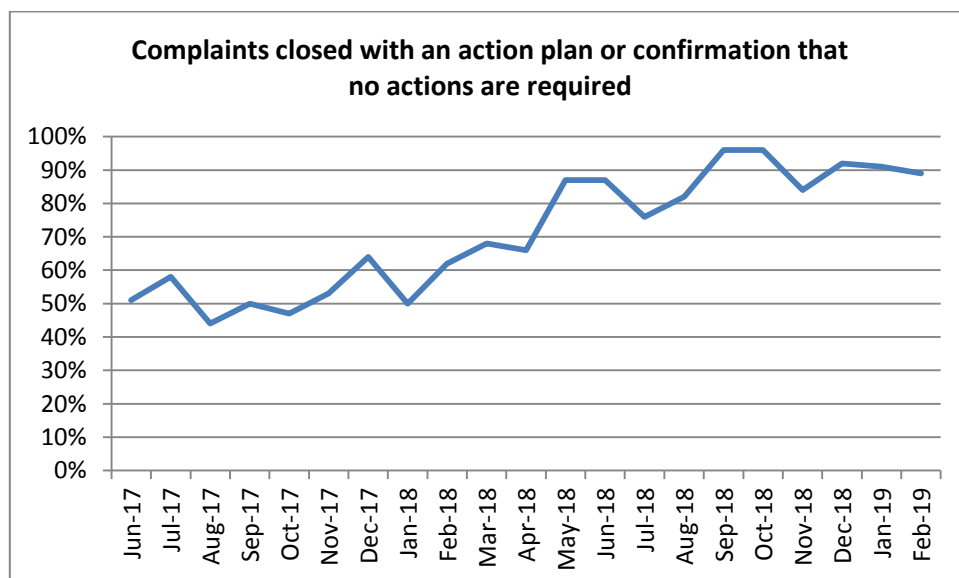
Sharing of learning / reflection

- Patient booked for scan at wrong site
 - Reminder to staff that this type of scan is only done at PRH
- Delays in appointment

- Reminder to bookings staff of correct processes and following up on enquiries
- Patient was told she was malnourished although she has been the same weight for many years
 - Staff reminded of importance taking into consideration individual history
- Butterfly symbol not used
 - Ensure use of butterfly scheme is consistent and proper use of SBAR handover
- No VTE risk assessment carried out
 - Reminder to pharmacy staff to check for VTE risk assessment and alert clinician if one is not done.
- Management of labour
 - Discussion with team about the importance of communication and roles and responsibilities required at ward meeting
 - Memo reminding midwives and WSAs of the importance of placing call bells within easy reach of women, particularly in the bath and shared at the daily safety huddle
 - Staff need to be reminded to make sure that each woman has been properly orientated to the ward and is happy with the buzzer system and how to obtain further refreshments for themselves
- Delays in follow-up appointment, poor communication with family, no checks regarding patient consent, etc. when talking with family
 - Consultants doing extra clinics
 - Clarification to staff around responding to queries about waiting times and what information needs to be given
 - Staff to be briefed following raising of capacity issues at weekly POD meetings
 - Staff reminded of process to follow when talking to relatives
- Concerns re wait when sent to Trust
 - CCC made aware of need for clearer communication and managing patient expectations
- Concerns re decision to discharge and advice given
 - Rate 2 sweeps checking documentation
 - Feedback to staff concerned

In addition, individual staff have been asked to complete reflections, individual training needs have been identified and addressed, and individual learning plans have been developed. Details of complaints are also shared through team meetings and team briefs.

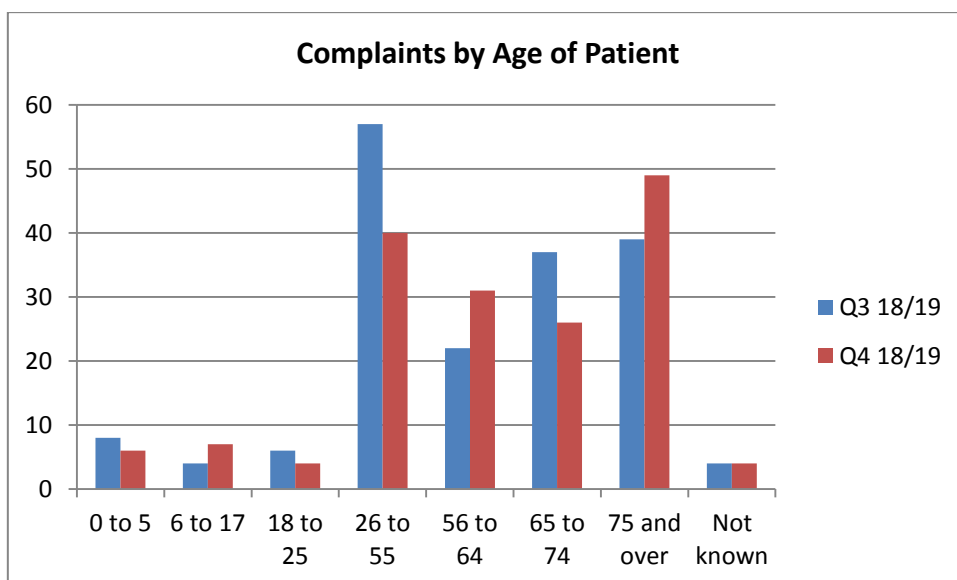
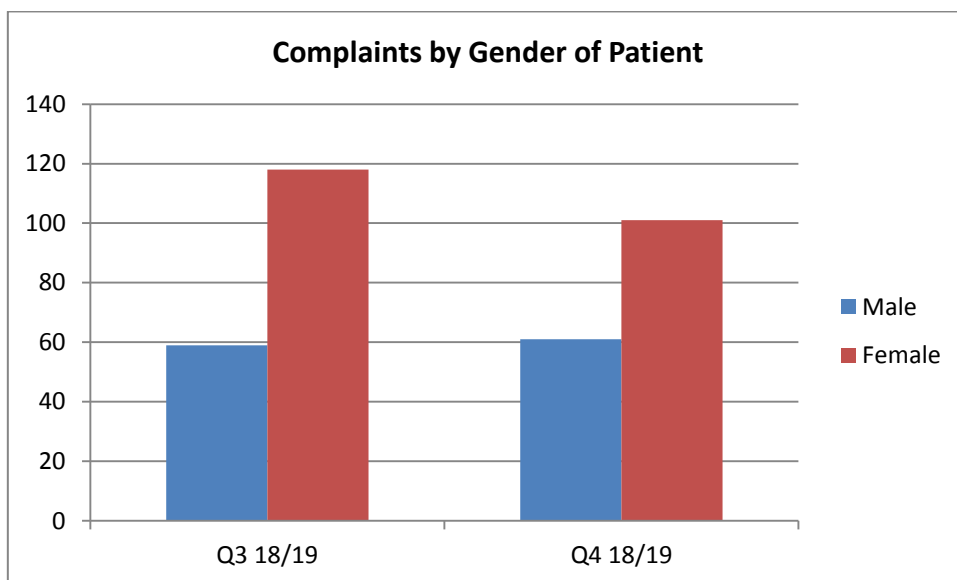
89% of complaints closed in quarter four had an action plan completed or confirmation that no actions were required.

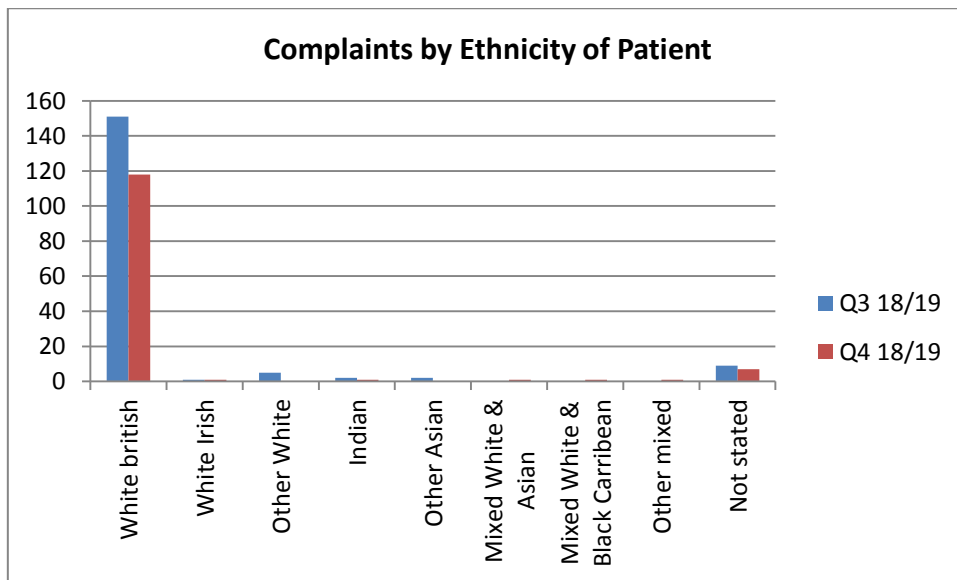


Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum, Care Group Boards and specialty and department governance meetings.

8. Equality & Diversity Review

Following participation in a recent stakeholder event organised by the Trust, it was agreed that complaints data would also be broken down by patient key characteristics, where this was available. The following graphs shows complaints in quarter four by gender, age and ethnicity; with the exception of gender, the figures reflect the wider demographic of our patients. Future reports will also include complaints by disability.





9. Parliamentary & Health Service Ombudsman (PHSO)

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may take the following options:

- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During quarter four, no new cases were accepted by the Ombudsman for investigation

During quarter four the Ombudsman concluded two investigations:

- Delay in communicating terminal diagnosis to a relative and management of care – not upheld
- Patient's discharge was arranged without sufficient support – partially upheld – although decision to discharge was correct, further information from family should have been sought.

The Trust has not had a fully upheld PHSO review since April 2015.

10. Complaints Service Review

The Complaints & PALS team recently completed their Aston Team journey, with the final assessment showing that they were functioning as an effective team in all areas, with a number of significant improvements. In addition, the Complaints team have continued to reduce the number of overdue complaints.

During Quarter Four, the Head of PALS and Complaints has provided training to sisters in both EDs and on ward, with further training planned, to help improve the quality of investigations into complaints and the learning arising from complaints.

31 complainants responded to the complaints survey in quarter four (a response rate of 18%). Key findings from the survey are:

- 84% of complainants received a phone call to acknowledge their complaint; this is an increase on previous findings.
- 55% of complainants whose response was late received contact from the department; this had dropped last quarter and has increased again, but further work is still needed on this.

- 74% felt the response was clear and easy to understand
- 70% felt that their complaint was used as an opportunity to learn; this is a significant increase on previous quarters
- Although only 54% felt that their complaint was handled well or very well, 100% would be happy to raise a complaint in the future.

Comments from the survey include:

I was very impressed by the thoroughness of the reply.

My concerns were not addressed fully, but don't see how this could ever be possible if staff deny their actions and quote best practice instead.

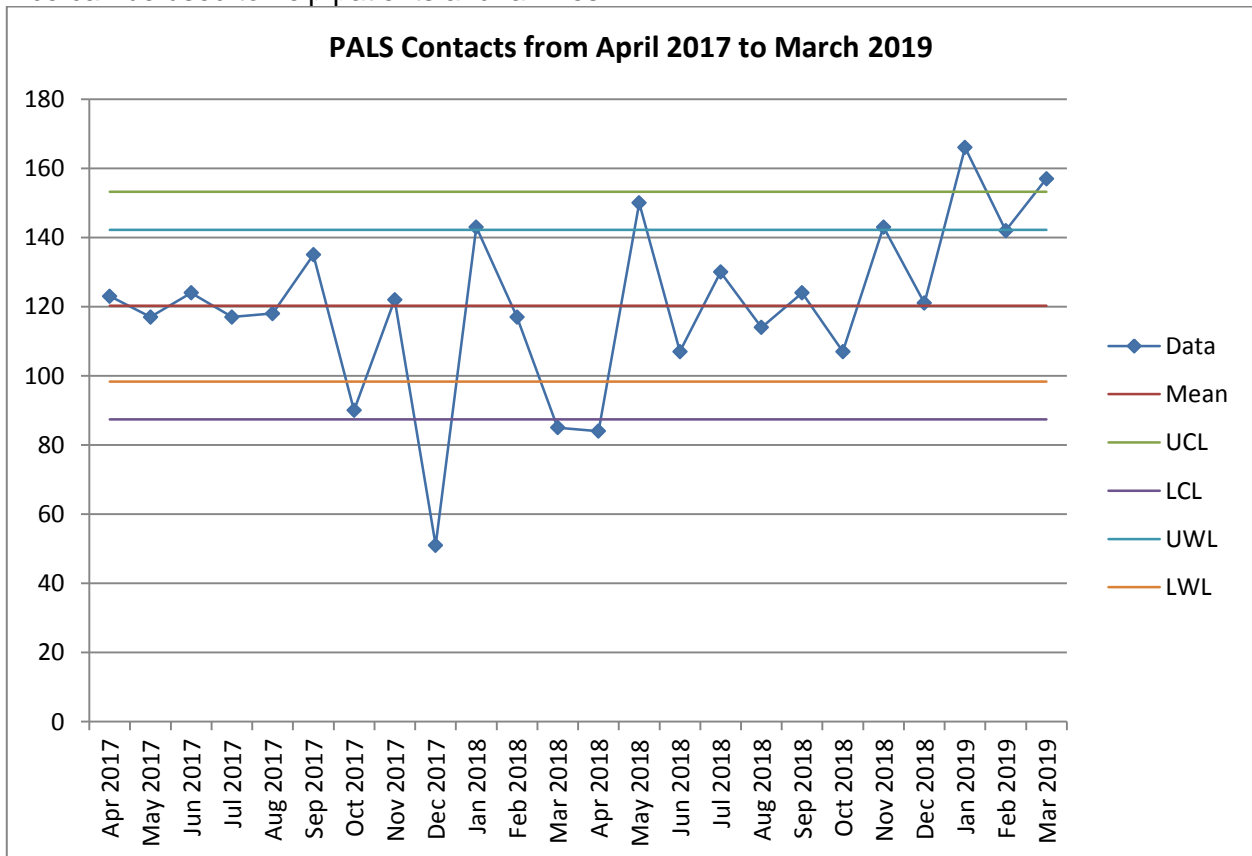
The complaints review has taken far too long to get the information I requested...The only positive has been the communication from the complaints team providing regular updates.

Everyone kind and helpful.

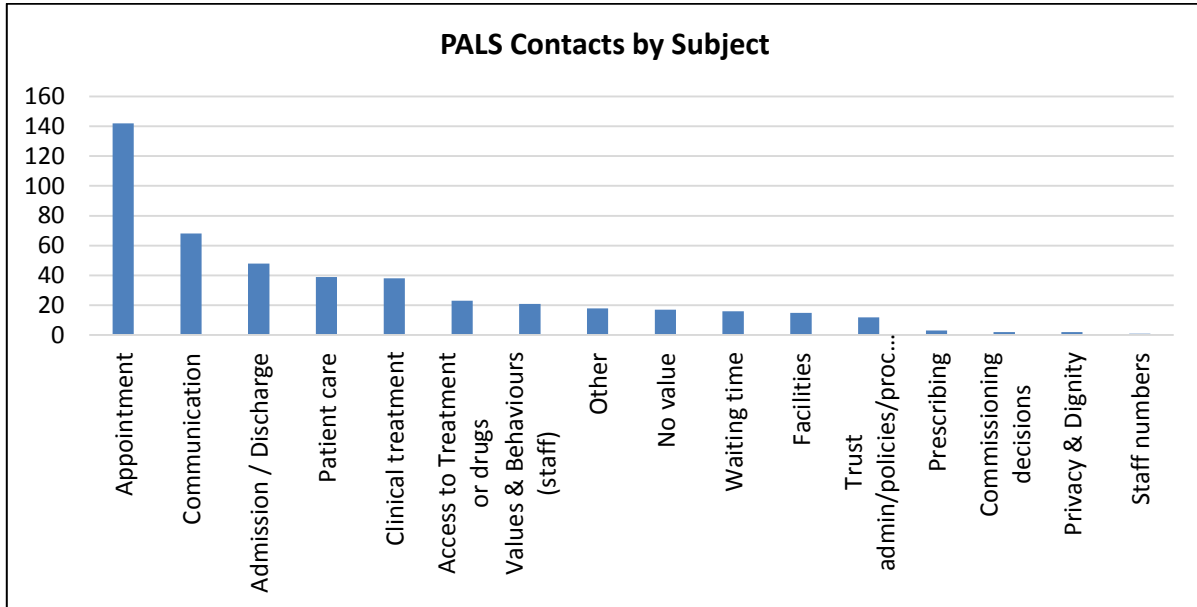
Thank you for replying promptly to my complaint. I feel much happier now, after having your apology, and knowing my complaint has been dealt with. Thank you.

11. Patient Advice and Liaison Service (PALS)

PALS are available to assist and support patients, service users and relatives and can be the first point of contact for any concerns they wish to raise about their care or service they have received. With prompt action these concerns can often be resolved quickly and have positive outcomes. The majority of contacts are received by telephone or in person, although contacting the service by email is popular and is well used. During quarter four of 2019 the PALS team reported and investigated 465 PALS concerns which is a significant increase of 87 cases compared to what was received in quarter 3. The graph below shows the PALS activity over the last two year; there has been an increase in usage of the PALS service recently which is thought to be due to increased awareness of how the service can be used to help patients and families.

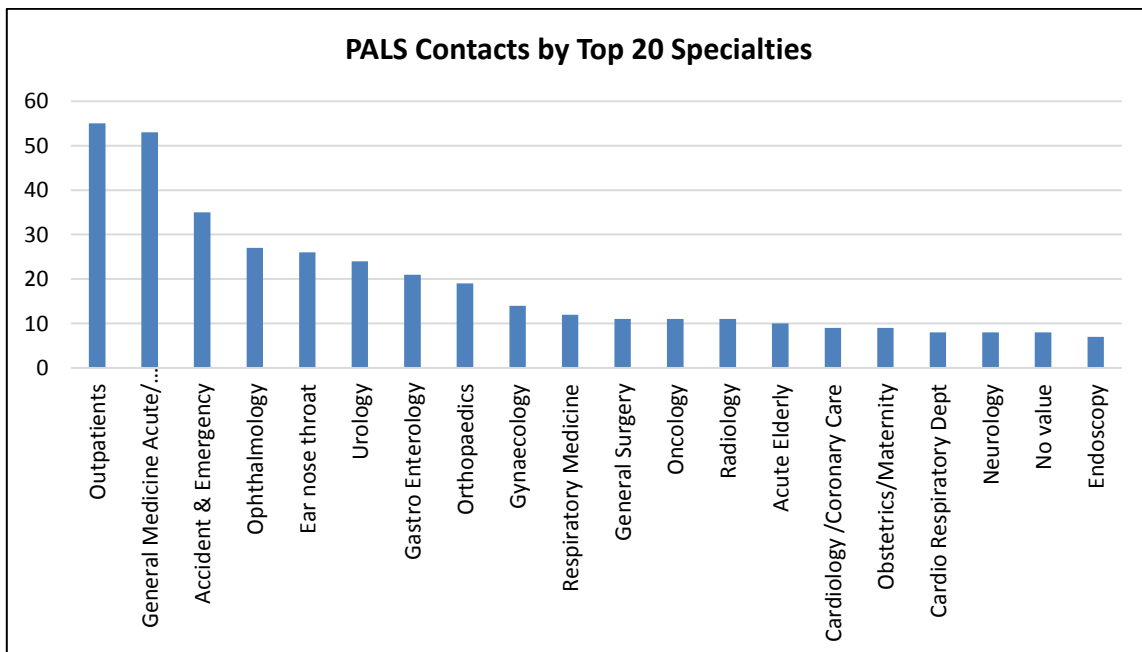


The main themes arising from the contacts via PALS for quarter four are:



In quarter four PALS received 142 contacts regarding issues with appointments. This is a significant increase compared to what was received in quarter three, with the PALS team receiving 54 more contacts to look into. 68 cases were regarding communication which is a reduction of 24 cases compared to quarter three. Issues with admission and discharge have featured in the top three categories that we investigate with the department receiving 48 cases in quarter four. This is an increase of 16 cases in this subject category compared to quarter three.

The top 20 specialties that PALS have received concerns about are shown in the graph below with Outpatients being the department we received the most concerns about. 57 concerns about General Medicine have been received this quarter which is a significant increase in comparison to quarter four.



Examples of PALS cases received are included at appendix two.

12. Other Patient Feedback

NHS Choices continues to be a popular way to leave feedback about patient experience, whether it be positive or negative. Once a patient or carer publishes their comments, these are all acknowledged by the PALS Manager and forwarded to the relevant department so they are aware of the patient experience. The information posted on NHS Choices is anonymous and sometimes it is not possible to identify any further details such as the speciality involved or the location. Where a patient shares a negative experience they are invited to contact PALS to enable the team to investigate further.

During Quarter 4, 31 comments were published on the NHS Choices website. 20 of these were for RSH and 11 were for PRH. 18 of these comments shared a positive experience with 8 being about a negative experience and 5 had had a mixed experience.

A&E received 7 positive comments about the care they provided and Ophthalmology received some really positive feedback about the care and efficient service they provided.

Examples of feedback posted on NHS Choices is included in appendix three.

Letters of thanks

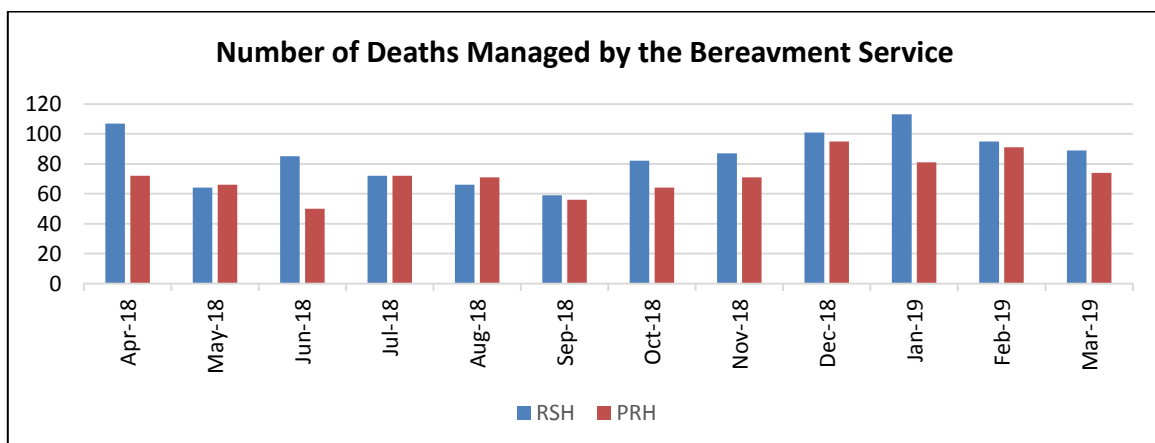
In addition to the feedback give via NHS Choices, 63 letters of thanks and appreciation were received by the Chief Executive, as well as positive feedback being received through the SaTH website and on our main social media channels, during quarter four; this is a decrease on previous quarters, and may reflect the increased use of social media to provide feedback instead of writing in. This is in addition to the cards and letters sent to wards and individual members of staff. Each letter received by the Chief Executive was acknowledged and a copy of the letter sent to the ward, department or individual involved. This service is provided by the Communications Team so that the positive feedback can be more widely shared through social media, and individuals from the senior leadership team can take the letters to their buddy ward. They are also invited to nominate the members of staff for the new Values in Practice (VIP) Award. The table below details the letters of thanks received:

Month	Unspecified	Unscheduled Care	Scheduled Care	Women and Children's	Support Services	Corporate Departments	Total
Jan	2	8	7	3	2	0	22
Feb	1	10	9	4	0	0	24
Mar	0	8	4	4	1	0	17

Examples of letters received are included at appendix four.

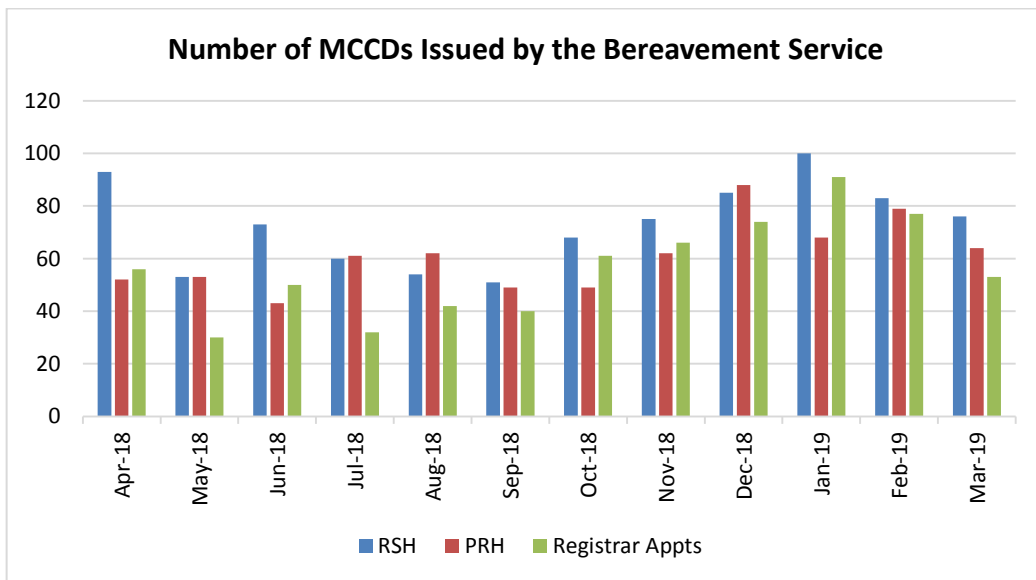
13. Bereavement

During quarter four, there were 543 deaths across both sites, which is an increase of 43 deaths from quarter three.



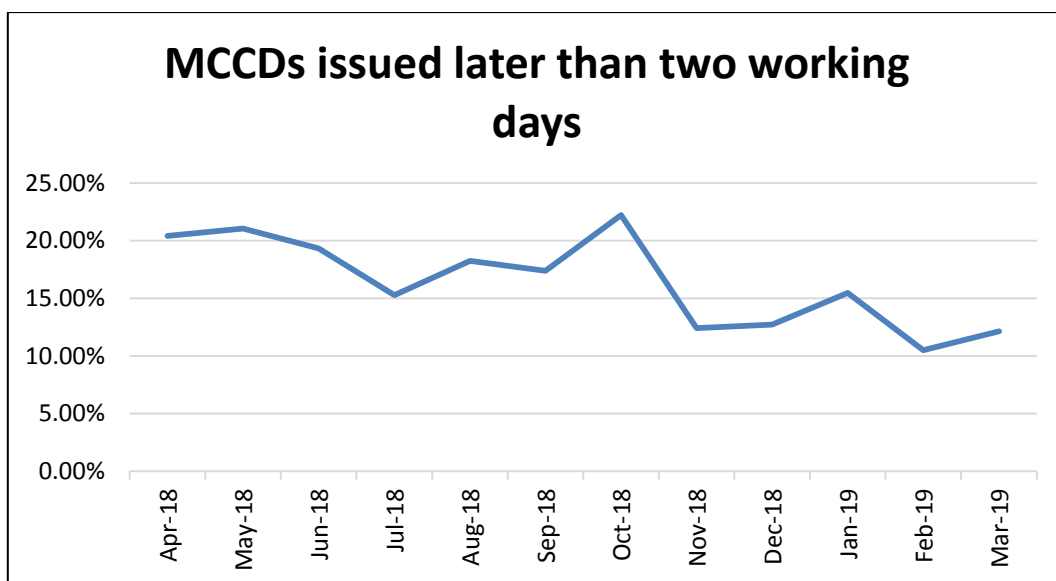
Of the 543 deaths, the Bereavement Team issued 470 Medical Certificates of Cause of Death. 149 of these deaths were reported to the Coroner.

The Bereavement Team have arranged 221 appointments in quarter four for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.



The extension of the Registrar Service from 3 days to 5 day cover continues to work well and remains a source of great comfort to our bereaved relatives that we can accommodate their registration appointment at the Royal Shrewsbury Hospital.

Compliance with issuing MCCDs within 2 working days is detailed below and remains largely consistent with quarter 3. Work continues with trying to ensure senior and junior medical staff is aware of the importance for completing MCCDs in a timely manner and we are supported in this by the lead consultants for end of life care.



14. PALS & Bereavement Services Review

The Medical Examiner Service started on the 1st April 2019 at RSH. 7 Medical Examiners have been appointed with more interviews to take place. The first 3 weeks have been largely successful with the Bereavement Team taking on the entire death certification process, including the completion of cremation papers. The key areas to work on are the recruitment of more Medical Examiners to ensure a robust rota for ME cover is in place and to support the ME's appropriately the appointment of Medical Examiner Officers. Working processes have changed significantly in the Bereavement Service to accommodate the medical examiner scrutiny and so efficient and lean processes are being introduced to ensure a robust system is in place.

15. Freedom of Information (FOI)

The number of FOI requests received by the Trust was 187 in quarter four, which is similar to previous quarters. A further breakdown is below:

Month	Received	Answered within 20 days	NOT answered within 20 days	Unanswered	%compliant
January	70	56	10	4	80%
February	63	48	6	9	76%
March	60	42	1	5	70%
April	62	52	7	3	84%
May	54	44	5	4	81%
June	39	35	4	0	90%
July	78	59	19	2	76%
August	55	42	11	2	76%
September	42	30	7	5	71%
October	66	39	14	13	59%
November	61	41	12	8	67%
December	32	28	1	3	88%
January	65	47	15	3	72%
February	77	63	10	4	82%
March	45	35	6	4	78%

16. Recommendation

The Board is asked to consider the report